

BARNES

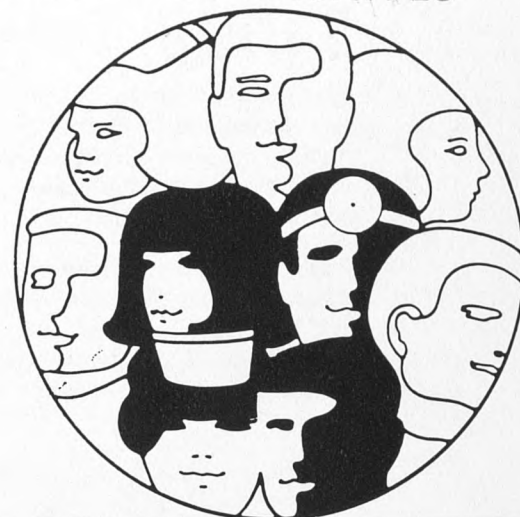
Barnes Medical Center, St. Louis, Mo.

HOSPITAL BULLETIN

April, 1972



SHELVED IN ARCHIVES



New Annual Report Looks Ahead

Early plans for a "West Pavilion" were discussed by Barnes board chairman Raymond E. Rowland in the 1971 annual report, issued this week.

"It is clear that the operating room suites now located in the Rand Johnson building (general surgery and its specialties of cardio-thoracic, orthopedic, urological and plastic surgery) require changes, and the Barnes central diagnostic laboratories as of now need more space . . . Replacement of clinical floors serving psychiatric patients is necessary.

In addition, some Barnes physicians have expressed interest in additional office space . . .

"Therefore, the Barnes trustees have given authority for architects to proceed with plans for another building, and for parking to meet these needs. We are at this time considering erecting a building west of the 'East pavilion.' "

Reflecting the cost-conscious mood of the times, the new annual report is in an abbreviated style, with condensed financial information
(Continued on page 2)

Spring Luncheon Set For April 27

The Barnes Hospital Auxiliary's annual Spring Luncheon will be held on Thursday, April 27, at Grant's Cabin restaurant. During the day a fashion show, "Stroll For The Auxiliary," will be presented by Saks Fifth Avenue.

The election of officers for the coming two-year term will also be held at the luncheon. Auxiliary members will be selecting new vice presidents of finance and program, a treasurer, assistant treasurer, corresponding secretary and two nominating committee members.

Dr. Knowles Discusses Health Care Problems

"Money, Manpower and Misery" was the topic of a talk by John H. Knowles, M.D., former director of Massachusetts General Hospital in Boston, March 1, at the Washington University Medical School auditorium.

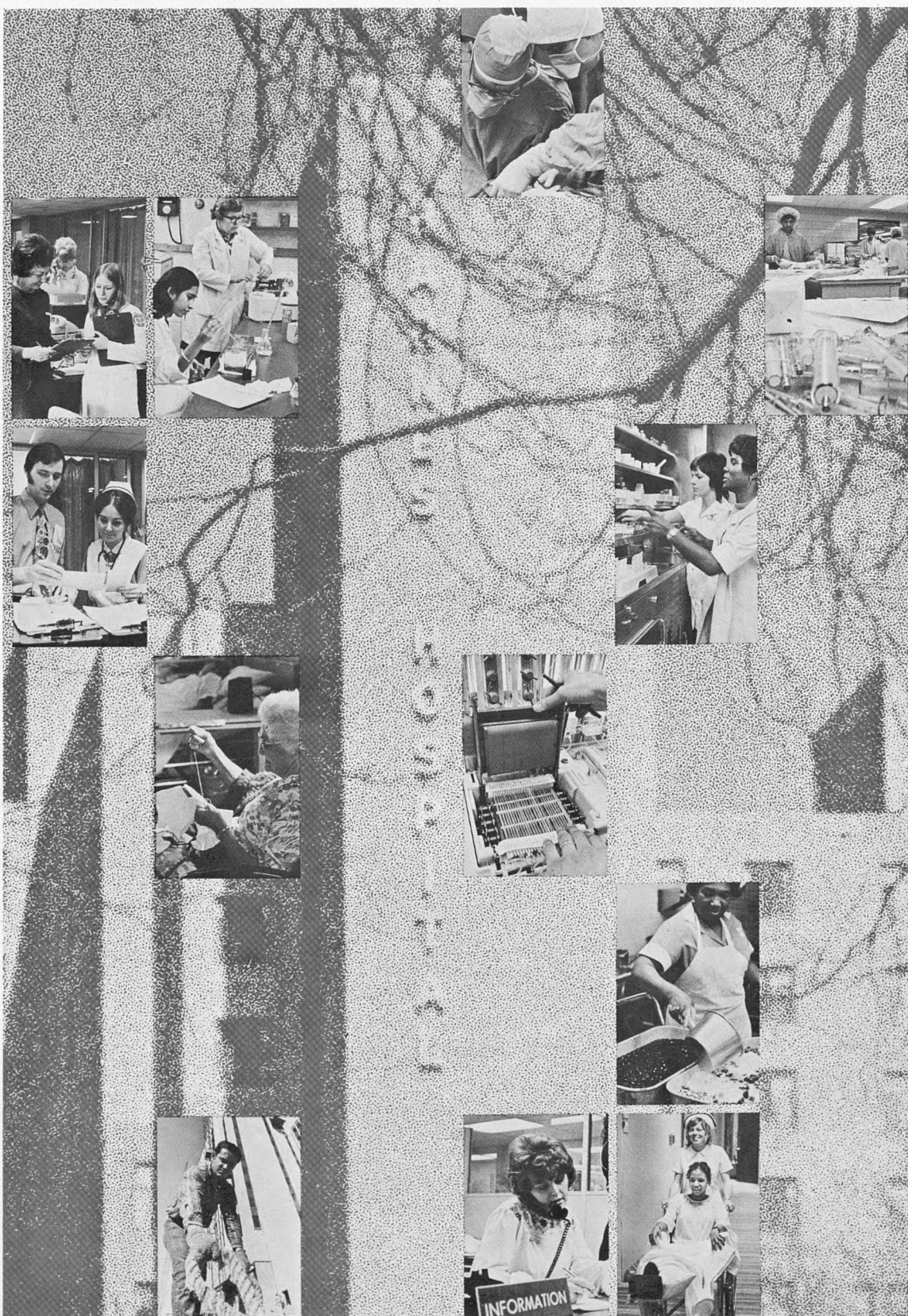
Dr. Knowles, who is president-elect of the Rockefeller Foundation and was a top candidate for the post of Secretary of Health, Education and Welfare in the early months of the Nixon administration, gave his views on problems facing the providers of health care today.

Unless corrective steps are taken, warned Dr. Knowles, erosion of public confidence in the health care and delivery system will continue. "Rising costs will not be tolerated by the American people," he said.

Among the problems listed by Dr. Knowles were a lack in medical school curricula of courses concerning environmental demography, and not enough involvement by physicians in social concerns, the arts and humanities. "Physicians do not see themselves in these larger roles," said Dr. Knowles, who feels that physicians, with their knowledge and intellect, should help improve the quality of life in general. "This has as much bearing on health as the practice of medicine," he said.

Dr. Knowles feels that the ratio of physicians to the population has little bearing on people's health. "Russia has a higher ratio than the U.S., but no better health," he said, adding that many other factors besides the physician/population ratio influence the morbidity or death rate.

Half of the 75 billion dollars spent on health care in the U.S. last year was for the needs of the elderly, Dr. Knowles said. But there is a need to focus attention on the other pole of the life spectrum, the very young. Advances should be sought in nutrition, population control and housing. "Health should not be merely construed to be an absence of disease," he said.



This page (shown here greatly reduced) from the new annual report contains a dozen individual photos of various aspects of the hospital's operation, all superimposed over a view of the hospital's exterior.

Safety Talk Held

Safety in the Barnes Hospital neighborhood was the topic of a meeting held in Clopton Auditorium, Wohl Hospital, early last month under the sponsorship of the Park-Forest Improvement Association.

Host Ed Thurman, Barnes' Safety and Security director, gave a short talk about the hospital and his department, then introduced the first speaker, Captain Bernard Mundt, head of the St. Louis Police Department's Ninth District station.

Captain Mundt cautioned the group to avoid behavior that attracts theft, such as leaving valuables in cars. He said many cars are



Police woman Eleanor Hall and Barnes Safety & Security director Ed Thurman both were participants in last month's safety meeting here, sponsored by the Park-Forest Improvement Association.

stolen because persons leave them running when they enter the hospital.

Ways citizens and police can work together were outlined by Capt. Mundt, who also told the group about the services offered by the community relations division of the St. Louis Police Department. "Crime in this area is down almost 20 per cent since September," the Captain pointed out.

A featured attraction of the evening was a demonstration by Tom, "top dog" in the Barnes Safety and Security department's canine program. Tom and his handler, Lou Plank, showed how friendly and gentle the dog can be.

Then, an antagonist was used to agitate the dog, who was given a series of commands, including 'attack.' After fiercely biting the padded sleeve of the antagonist, the dog was ordered to halt. Then the antagonist was able to pet the dog safely, illustrating the high degree of control exercised by the handler.

Police woman Eleanor Hall introduced a film on self-protection for women, called, "Walk Without Fear."

Annual Report (from page 1)

and all material in a single, folded sheet, which is a self-mailer. The report begins with a statement by Director Robert E. Frank on its cover, which says, "This year at Barnes the entire range of operations was reviewed to determine where changes could be made that will check the rise in health care costs while maintaining essentials for excellence in delivery of care."

Mr. Frank outlined progress during the past year, closing with the statement, "In the years ahead, the American public will continue to expect higher levels of performance from its hospitals, for they are making many demands and have given us great responsibility."

"We at Barnes are striving to meet this challenge, which we believe is three-fold: In care, the highest quality
In costs, constant watchfulness
In concern, a genuine interest in the patient as a person."

Dr. Bell Seeks Lung Cancer Indicator

Dr. C. Elliott Bell, head of Barnes' clinical immunology laboratory, has begun research under a \$75,000 grant from the American Cancer Society to isolate a chemical substance which may one day make possible the early diagnosis and treatment of lung cancer, the most common form of malignancy in men.

According to American Cancer Society estimates, 68,800 persons (80% of them men) will die of this type of cancer in 1972. The Cancer Society also estimates that 76,000 new cases of lung cancer will be discovered this year, usually after the disease has reached an advanced stage.

"It is conceivable that a lung cancer antigen test could be useful in screening patients for earlier diagnosis," said Dr. Bell, whose research is aimed at discovering an important lung cancer-related antigen and developing a method of detecting it in the human body.

An antigen is a substance that can cause the body to produce circulating proteins (antibodies) or cells that react specifically with the substance. In turn, these antibodies or specific cells usually aid the body in repelling foreign or toxic matter such as harmful bacteria or cells. It is believed that foreign substances which appear in the body each have a particular antigen which triggers the production of specific antibodies or cells that destroy the foreign matter.

"We have good reason to feel that there is a cell-surface lung cancer-related antigen. Cancer-related antigens have been identified in a wide variety of animal tumors and a very small number of human tumors. But as yet one has not been fully recognized and

characterized in human lung cancer," Dr. Bell said.

In order to isolate the lung cancer antigen, Dr. Bell's research plan calls for using lung cancer cells and also an extract from such cells to immunize laboratory animals, which should create antibodies in them that are cancer-related.

"In the whole cell or cell extract which is injected into the animal, the cancer-related antigen will be present in addition to all the normal antigens. Once the animal has formed antibodies to both the normal and, hopefully, to the cancer antigens, we will remove the normal antibodies, leaving only the antibodies produced to counter the cancer-related antigen," Dr. Bell continued.

Once the cancer-related antigen has been found, he hopes to develop an assay or test to determine its nature and to see if the substance can be detected in a patient's blood or bronchial secretions early enough in the course of the disease to make it a useful diagnostic tool.

"Then, once we have an assay for the antigen, we would like to develop assays for the patient's humoral and cellular immune response to the antigen," said Dr. Bell.

Dr. Bell pointed out that present evidence has not yet conclusively indicated that there is a cancer-related antigen common to all types of tumors. Therefore other approaches may be called for in dealing with these types. However, he feels his research may provide valuable insights as to how to approach the search for other cancer antigens.



Barnes School of Nursing student David Evans seems to be saying "Watch it!, don't stick me," as fellow student Jeanette Sheahan pins a Student Nurse Week button on his uniform. This year Student Nurse Week is April 10-17.

Barnes to Observe Student Nurse Week

Barnes Hospital School of Nursing students will celebrate Student Nurse Week April 10-17, according to Joan Hrubetz, the school's director. A nation-wide event, Student Nurse Week provides recognition of those who are preparing for a nursing career.

A special presentation tea on Wednesday, April 12, at 3 p.m., will honor three "Student Nurses of the Year" elected by members of all three nursing classes. The tea, which

will be held in the nursing residence lounge, is open to nursing school students and faculty members.

On Thursday, April 13, at 7:30 p.m., Barnes' nursing services will sponsor a pizza party in the nursing residence lounge, also in recognition of the student nurses.

A buffet luncheon at 11:30 a.m. Friday, April 14, will conclude formal Student Nurse Week activities at Barnes.

Hospital Happenings



An article in the March issue of **Town & Country** magazine concerning quality health care facilities lists Barnes as one of the United States' "Super Hospitals." The article stresses that it is not the definitive list of hospitals, but adds that while "There are quite a number of Super Hospitals around the country, and while they are all mostly very good indeed, some (like Barnes) are more super than others."

Some 80 Barnes School of Nursing students, members of the class of 1970, marked their transition from junior to senior level on Monday, March 13. The students exchanged their light blue cap bands for light and dark blue bands at a special breakfast ceremony in the Employee Cafeteria. Those students ranking in the top of the class scholastically were also cited at the breakfast.

The Alumnae Association of the Barnes School of Nursing will present a Spring fashion show on Sunday, April 9, at 2 p.m. in Wohl Auditorium. Admission is 50 cents for students and \$1 for non-students.

Tickets may be obtained from Miss Bonnye Reppel, staff Development, Ext. 3561, or from Mrs. Beverly Ervin, 849-1537. Tickets will also be available at the door.

A special program concerning chronic kidney failure was presented on KSD-TV on March 21 and featured the hospital's kidney disease treatment facilities. The program discussed the high cost of treatment using artificial kidneys, the lack of sufficient treatment facilities and some aspects of kidney transplant operations.

Louis Bluford, a part-time, night shift messenger at Barnes, has been named to **Parade** magazine's ninth annual high school all-American football team. The team is selected by high school and college coaches, sports writers and sports announcers from throughout the United States. Bluford is the only Missouri athlete on the team. The Beaumont High School senior has been on the **Post-Dispatch's** all-metro team for two years.

Barnes Hospital Bulletin
Published By
Public Relations Department
Barnes Hospital, St. Louis, Mo.
Vol. XXVI, No. 4



Constance C. Barton, Director
Larry Myers, Associate Editor
Copyright 1971, Barnes Hospital.

15 Graduates In Dietetics' '72 Class

Graduation exercises for the 15 members of the Dietetics Department's Class of 1972 were held on March 17 in Schwarz Auditorium.

During the ceremonies the students were addressed by Mrs. Doris Canada, Director of Dietetics, and Joseph Greco, Barnes associate director.

Each of the graduates was presented with a diploma and a special pin worn by those who have completed their dietetics training at Barnes. As graduates they are now eligible to take a national examination to qualify as registered dietitians.

Following the ceremonies a reception for the students, their parents and friends was held at the Queeny Tower pool.

The new grads will be returning to eight different states to begin their careers as dietitians.

The new dietitians are: Phyllis Culver, Shirley Date, Sue Eager, Barbara Farner, Sandra Fukuda, Judith Gillen, Edna Hannon, Susan Kopecky, Rebecca Lacey, Janet Lightning, Maureen Lyons, Barbara Mazzagatti, Geoffrey Mohring, Carolyn Moyer, and Sandra Stewart.



Several members of the dietetics class of 1972 enjoying refreshments in the Queeny Tower pool area after their graduation ceremonies on March 17, St. Patrick's Day. In keeping with the spirit of the holiday, many of the refreshments were shamrock green.

Training for chaplaincy, Rev. O'Neil is Studying Basics of Hospital Operation

The Rev. Thomas O'Neil, who, under the supervision of Barnes' Catholic chaplain, the Rev. Robert Krawinkel, is seeking certification as a Catholic Chaplain, is getting a first-hand look at virtually every phase of the hospital's operations during his training here.

(Father O'Neil is the first chaplaincy student of Father Krawinkel, who was made a supervisory chaplain for the National Association of Catholic Chaplains earlier this year.)

During his 10 weeks here Father O'Neil is visiting many departments and areas in order to learn the basics of hospital operation. For example, he spent two days in the dietetics department, discussing its operation with Mrs. Doris Canada, dietetics director, as well as visiting the kitchen to gain more insight into its functioning.

After each such visit, Father O'Neil submits a written report about what he has learned to Father Krawinkel. In addition to these reports, Father O'Neil must do readings concerning the medical chaplaincy as well as visit hospital patients. If he successfully completes the training program, he will then be accredited as a Catholic chaplain for general hospitals.

Father O'Neil believes such training makes chaplains more professional and more a

part of the medical team. "I hope to do hospital work somewhere, but I also hope to encourage a number of priests to enter this type of work and perhaps set up a program for them," Father O'Neil says.



Fern Bridgeforth, central services coordinator, explains the operation of a washing unit to the Rev. Thomas O'Neil, who is visiting various hospital areas as part of his chaplaincy training.



A view from 'the other side of the bed'

Employees

Hospital personnel, whether they're secretaries or surgeons, are concerned with patient care. And because of this orientation they are more aware of what quality health care is all about than is the typical patient.

But what happens when a hospital employee suddenly finds himself on the other end of the health care delivery system, receiving care instead of helping provide it?

To find out, the **Bulletin** asked a variety of hospital personnel, most of whom had also been patients here, to describe their experiences. While the range of answers was wide, for the most part employee-patients seem to act and react in much the same manner as other patients in similar circumstances.

Their complaints, (they had some) were not out of the ordinary. At the same time, employee-patients were frequently lavish with their praise for the care they received "on the other side of the bed rail," as one put it.

Dispatch employees who come into contact with patients a great deal agree that "employees make better than average patients. They know what to expect and don't complain just to be complaining," said Mrs. Eloise Stith.

Most employee-patients are no different than "regular" ones, nursing personnel say. "You usually can't tell an employee from any other patient except that they know more people on the staff," an experienced RN said.

Perhaps employees are more appreciative patients because they have a better understanding of the total Barnes operation and the behind-the-scenes effort involved in keeping everything functioning properly. Many said that during their stay they had gained insight into the importance of their own services to the patient, a topic they had never really considered before.

An employee like Ms. Dorothy Thomas who fills tray orders in the kitchen doesn't come into contact with patients during her normal work day. To her and her fellow workers, patients often seem to be no more than a name on a menu. But several days in the hospital brought the importance of her job into focus.

"It feels a lot different to be a patient rather than an employee. It makes you appreciate the importance of what you do for the patient and it seems a lot more significant," she said.

Laundry worker Mrs. Emma Reynolds is another person who does not normally see the results of her labor at the patient level. But while undergoing a series of tests recently she remarked that although the clean linen she helps supply is "just a small part of helping people," she realized its importance to the bedridden.

What of that group of employees that spends the greatest amount of time in patient contact, the nurses? It is doubtful if anyone is more aware of the patients' wants and needs than they are. Yet, according to many employees, hospitalized nurses are frequently the most demanding.

"Each nurse is an individual who reacts according to established behavior patterns. Sometimes a nurse-patient who is familiar with her surroundings becomes 'bossy' and judgemental of her peers," said a senior nursing staff member. If a nurse-patient seems "hypercritical" sometimes it is because she knows what good care involves, she added.

One LPN said the nurse-patients she had encountered often take more time, proportionately. "Nurses who are patients forget that nurses have more patients to take care



Above- Laundry employe Emma Reynolds (shown with her daughter, Carole Jean Hill) realizes that clean linens are important to patients.



Far left- In her job as a ward clerk Mae Gettis, here a patient in the cardiac intensive care unit, is quite familiar with patient charts, such as the one held by RN Sherri Haskell.

Left- Ward clerk Alice Hamilton must keep track of important patient information so it is available on a moment's notice to medical personnel.



Above- People like Emma Reynolds who work far away from the patient, such as in the basement laundry, often forget that they are also involved in patient care.

As Patients

of than just them. And they can ask a lot of questions," she said.

A ward clerk agreed that nurses are often exacting. "They know the medications, what it is supposed to do and when they are supposed to get it. And if you're late, they'll tell you."

As to how it feels to be on the business end of a needle, an RN admitted that "Nurses have a tendency to avoid shots. You better believe that it feels different to be on the other end of that needle. You'll have to catch me first to give me a shot," she said with a chuckle.

But even if nurse-patients sometimes require extra effort, the situation is not without its positive aspects. Frequently the hospitalization of a nurse employe will help foster a more empathetic attitude toward her patients when she returns to the job. Through personal experience on the other side of the bed the nursing service staff member gains insight into why patients behave as they do.

According to an article in a recent edition of **Medical World News**, the hospitalized doctor is often the "worst possible patient." The magazine reports that "the consensus among those who have collected data or

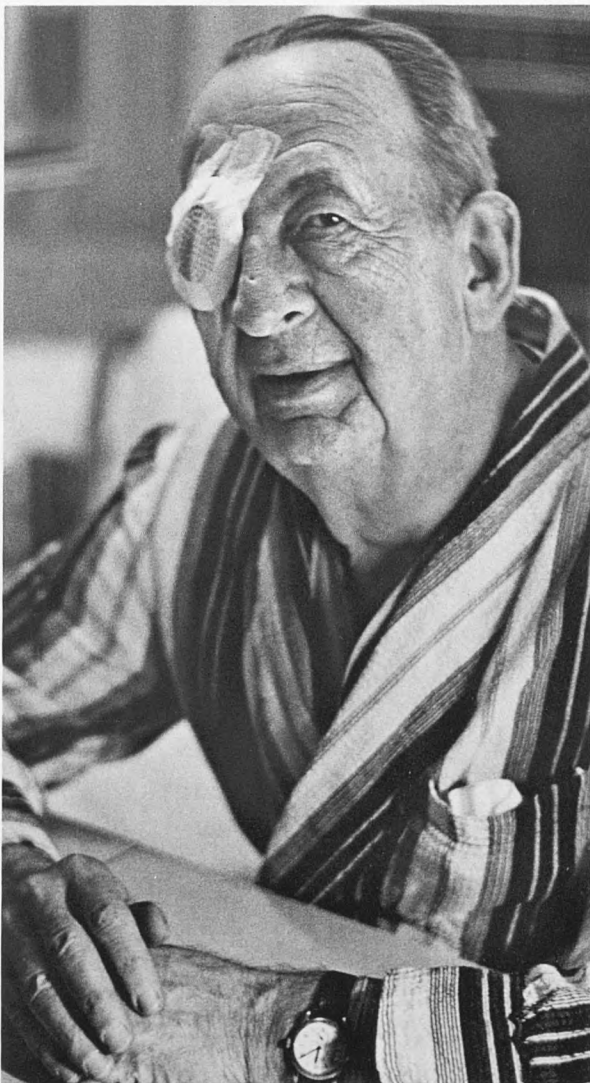
anecdotes seems to be that, as patients, MDs . . . in general, balk at accepting the patient role."

For the most part, opinions at Barnes opposed this view. Doctors are regarded as better than average patients by most people here. However, there were exceptions. One physician flatly said that doctor-patients are a problem, often refusing to admit they are sick, rejecting the advice of other doctors or trying to treat their own symptoms.

Dr. L. W. Dean, assistant otolaryngologist, who has been a patient several times during his career, said "I try to be a good patient. I don't feel at all uncomfortable about being the patient of another doctor. I obey them to the letter."

A nurse commented that "Doctors don't usually give us any trouble. Most are very easy to get along with. They know who to contact if they aren't getting what they want or if things don't go right."

Another said that the only difference she had noticed with doctor-patients was that they asked more questions than regular patients, wanting to know about everything that was being done.



Above - Dr. L. W. Dean, Barnes assistant otolaryngologist, has been a patient here several times. He says that he doesn't feel at all "funny" about being the patient of another doctor.



Retires After 25 Years Here

Mrs. Vadis Doss, an admitting interviewer who began working at Barnes Hospital in June, 1947, retired recently after 25 years service. She was presented with a certificate of appreciation by Director Robert E. Frank.

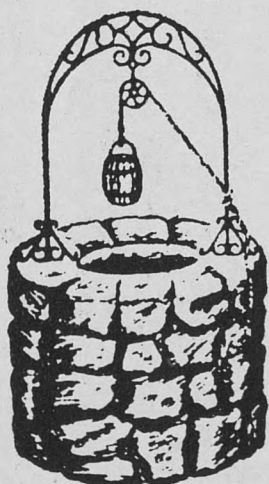
WUMSAH Renamed, Now Wash. Univ. Medical Center

Washington University Medical School and Associated Hospitals (WUMSAH) has been renamed Washington University Medical Center. The new name was adopted at a recent meeting of the WUMSAH board of directors in recognition of the increasingly important role played by the unified medical center.

In honor of the change, the McDonnell Foundation has made a gift of \$156,000 to an endowment fund the McDonnell family established earlier in behalf of WUMSAH.

In making the gift, James S. McDonnell, board chairman of the McDonnell Douglas Corporation, said, "Six institutions of our city joined in a common enterprise of great importance have tightened their bonds. Not only does the Washington University Medical Center bring superb medical service to this community, but the educational and research programs extend benefits for all mankind. I hope that this gift will help inspire others to support this forward step in the unification of diverse programs with their time, talent and resources."

The Wishing Well



Spring fills the air,
Winter is forgotten,
Don't forget
The Wishing Well

New Clinical Pastoral Education Program

Barnes Hospital's new interdenominational program to provide clinical training for pastors who are interested in further developing their counseling and pastoral skills in patient ministry will be initiated this summer, according to the program's director, Chaplain Robert Davis.

Enrollment for the first session, which will begin June 5, has been limited to six students. "Although the class will be the hospital's first, we already have had more applicants than we can accept," Chaplain Davis says.

Clinical pastoral education is usually comprised of four stages or levels beginning with a basic program and progressing through supervisory training. However, because Barnes' program is in its infancy, only the basic phase of the training will be offered at this time, Chaplain Davis says.

Later, as the program becomes more firmly established, higher levels of training may be added here, including part-time courses for local pastors interested in health care ministry.

The real focus of the program will be the ministry the pastor-student offers to the patient. Each student in the program will be assigned two areas for this aspect of the training, one medical and one surgical. Students will be expected to function as members of the health care team and as an interdenominational minister to all patients. Contact with patients will be made only at the request of the patient, doctor, nurse, or social worker.

Chaplain Davis believes that the new program will strengthen the feeling of each Barnes Hospital patient that he is cared about as an individual. "About 50 per cent of our patients are from outside the area, so they do not have access to their regular ministers. We want them to feel that someone here cares for them in the spiritual as well as the medical sense. We think our interdenominational education program will facilitate this," Chaplain Davis says.

The program calls for students to spend about 20 hours per week working with hospital patients plus 20 hours per week in academic work. The seminary in which the student is enrolled will grant six to twelve hours of credit to those who successfully complete the basic course, which lasts eleven weeks.

Since clinical pastoral education is an inductive method of teaching theology, the academic side of the program will require the pastor-student to do extensive reading in such areas as personality theory, clinical counseling methodology and man's search for meaning. Although a new reference library for this purpose soon will be available at Barnes (see Sloan Memorial Library story), students will also have access to other theological resources in the city.

Sloan Library Fund

More than \$1600 has been donated to the Barnes Hospital Tribute Fund in memory of Mrs. Joyce Sloan, a Barnes patient at the time of her death last year.

Shortly before her death, Mrs. Sloan requested that family and friends who wished to memorialize her contribute to the hospital's chaplaincy program. A special account for donations in the Sloan name was created within the Tribute Fund for that purpose.

The Sloan family decided that the money could best be spent on books needed to initiate a clinical pastoral education library here. This new facility, to be called the Joyce Sloan Memorial Library, will contain only works relevant to training for the health care ministry.

The first shipment of books is expected to arrive soon, Chaplain Robert Davis says. The library will be housed in the Chaplain's office with the Chaplain's secretary serving as librarian until other space can be made available. When a permanent library location has been established, it will also serve as a conference room for students in the clinical pastoral education program.

Dr. H. Relton McCarroll Sr. Dead At 66

Dr. H. Relton McCarroll Sr., Barnes associate surgeon, died suddenly February 27 in Honolulu, Hawaii. Dr. McCarroll, 66, was there to speak before a meeting of the Pan-Pacific Surgical Association.

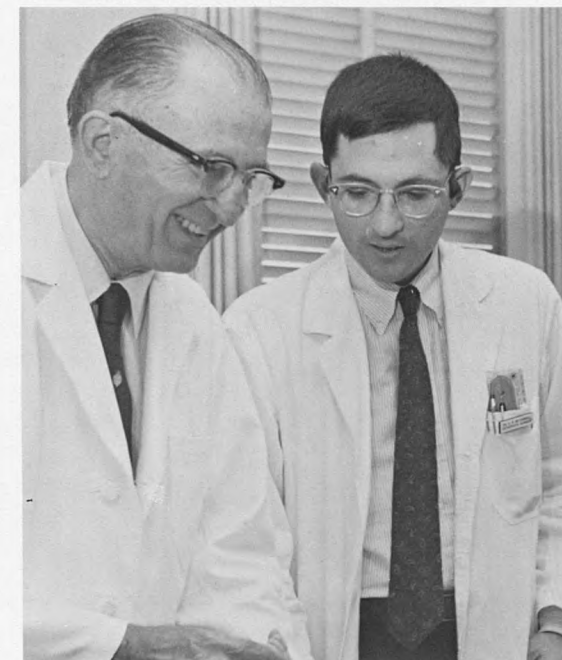
Dr. McCarroll graduated from the Washington University School of Medicine in 1939 and served his internship in surgery at Barnes from 1931-32. The following year he became an assistant resident in surgery at Barnes.

After one year in Chicago, Dr. McCarroll returned to St. Louis' Shriners Hospital for Crippled Children, working as a resident until 1937. He then began a private practice, but maintained an affiliation with Shriners as an assistant surgeon.

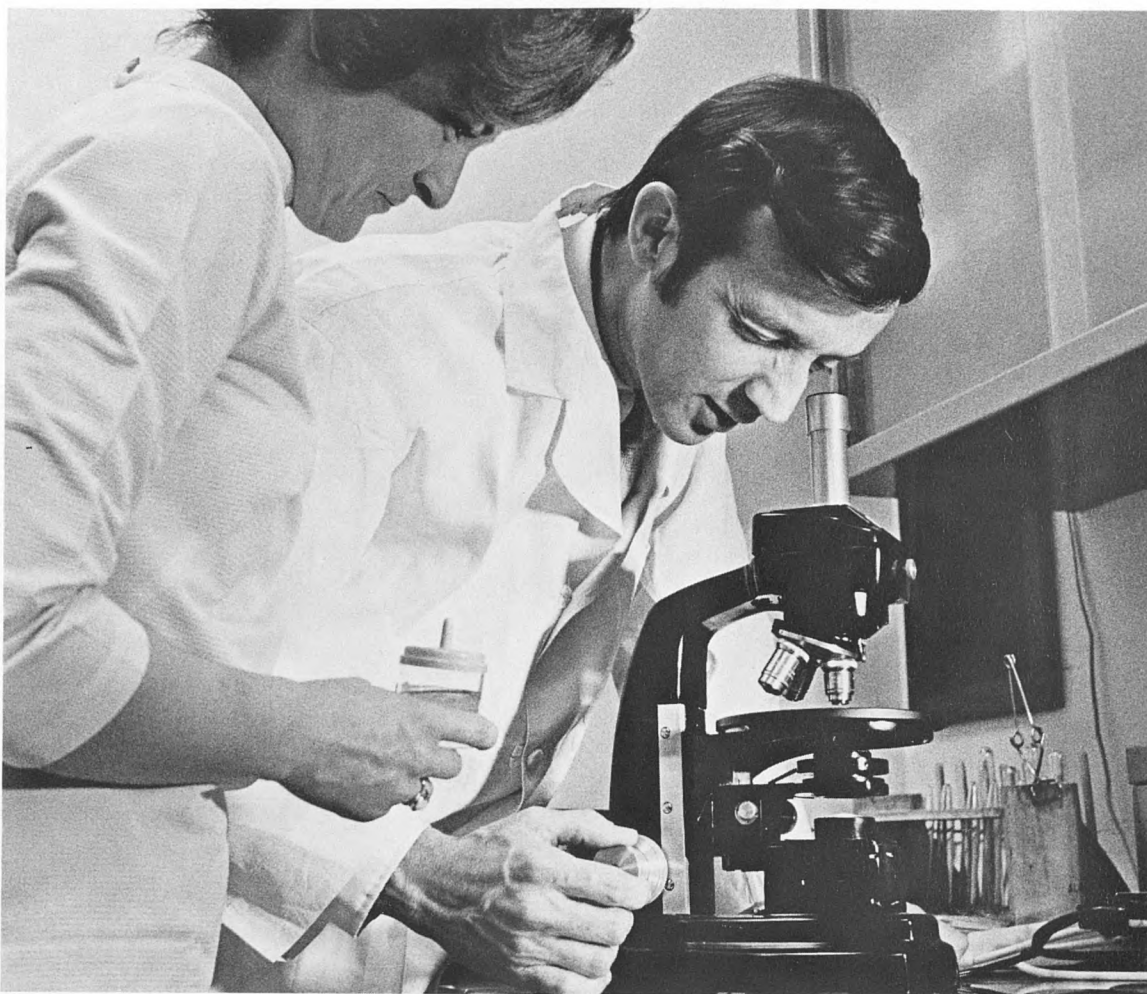
From 1937 to 1950 he was on the teaching staff of the Washington University School of Medicine and an instructor in clinical orthopaedic surgery at Barnes Hospital. In 1966 he was appointed professor of clinical orthopaedic surgery.

In 1970 illness forced him to discontinue his private practice, but after recuperating he joined the full-time staff of Washington

University as professor of orthopaedic surgery, a position he held until his death. Surviving are his wife, a daughter and two sons, Dr. H. Relton McCarroll Jr., Barnes assistant surgeon, and David L. McCarroll.



The late Dr. H. Relton McCarroll Sr., shown with his son, Dr. H. Relton McCarroll Jr., Barnes assistant surgeon.



Dr. Charles B. Manley examines a specimen in the vasectomy clinic laboratory while RN Kaye Murphy assists. Each vasectomy requires considerable follow-up laboratory work.

Vasectomy For Family Planning

Jane and John Thomas, married nearly 12 years, are the parents of three healthy children. They feel they have completed their family. Last year they began an investigation to determine the most effective means of birth control for their situation.

"Our last baby was sort of unplanned," said 32-year-old Jane. "But we can handle the needs of three children. We do not feel we can afford more. Both John and I graduated from high school, and John is doing well in his job. But now I want to go to secretarial school, then work to help our children get to college, a goal we both think is very important."

The Thomas' were referred by The Planned Parenthood Association to the Washington University vasectomy clinic in the Barnes complex. The clinic has been in operation since March, 1971.

On their first visit, the Thomas' went to the division of urology department on the second floor of the Wohl building where Miss Diana Reed, medical-social worker, conducted an intake interview. "Miss Reed makes sure the couple understands what is involved in vasectomy," said Dr. Charles B. Manley, urologist and director of the clinic. "Her first priority is to make sure this is a thoughtful decision, that the patient has a real desire to have a vasectomy."

"We rule out persons who appear to be emotionally unready for vasectomy," said Miss Reed. (This is approximately 2-5 per cent of patients.) "However, this initial deferment can be changed if they have psychiatric counseling and then are recommended by the psychiatrist as ready."

John and Jane convinced Miss Reed that their outlooks were stable, and that 35-year-old John was sure he wanted the vasectomy. They received literature to take home, and details of the operation were explained to them.

They learned it is a minor procedure in which a $\frac{1}{2}$ to $\frac{3}{4}$ inch incision is made on each side of the scrotum to close the tube

which carries the sperm. No glands or organs are removed. The passageway (vas deferens) which carries the sperm from the testicles is cut and tied off. It was explained to them that the operation is essentially irreversible. Surgical success in re-joining the vas deferens is possible in 50 to 70 per cent of attempts, but this only brings back fertility in 20 to 30 per cent of the cases.

John learned that vasectomy does not change any physical characteristics, or alter hormone production. He was told that statistical evidence points to the fact that there is seldom an adverse emotional effect.

In fact, it has been found marriage relationships usually improve, because of a freedom from fear of pregnancy of both partners.

Before the operation was performed both John and Jane signed a vasectomy consent, stating that they understood the basic procedure involved, and realized it is considered to be irreversible.

Cost for the procedure at the clinic is computed on a sliding scale based on ability to pay, said Dr. Manley. "For interested persons of very limited income, funding is now becoming available through agencies affiliated with the St. Louis Metropolitan Area Council for Voluntary Family Planning, Inc., an agency allocating federal funds for this purpose." The Thomas' paid a fee under \$100, based on John's salary and the number of children in the family. (The Thomas' names have been changed, but their statistics closely match the average of all persons who underwent vasectomies from April through August, 1971.)

Each week, approximately eight men have vasectomies at the clinic, which operates on Friday afternoons from 12:40 to 4:30. The procedure takes about 30 minutes and is painless except for the anesthetic injection. The patient is cautioned to avoid strenuous physical exercise, but may perform all other normal duties. Usually

a few aspirin will suffice if discomfort is experienced.

Later, he must return for a laboratory analysis. When his semen is found free of sperm cells, the clinic advises the couple that they can abandon other methods of contraception. (This will not be done immediately after the procedure because sperm may remain beyond the blockage point for a period of time. The test determines when all sperm have been cleared.)

"Many persons have mistaken ideas about vasectomies," said Dr. Manley. "A common one is that it is related to castration, which is not true at all. Castration is removal of the reproductive glands (testicles.) Vasectomy merely closes the sperm-carrying passageway. The vasectomy procedure will not alter manhood in any way."

A second fallacy is that vasectomy is in some way illegal. It never has been illegal in any states but Connecticut and Utah. Connecticut repealed this law in 1971, and it can be done in Utah for reasons of medical necessity.

Records of ancient India show that vasectomies have been performed since the 8th century B.C. for contraceptive purposes, said Dr. Manley. "In the early part of this century, the operation became popular because of a belief that it enhanced manhood or was a treatment for prostatic enlargement."

The first vasectomy clinic in the U.S. opened in 1969 at the Margaret Sanger Research Bureau in New York City. Now there are several vasectomy clinics throughout the country. During 1969, 100,000 vasectomies were performed. In 1970, 750,000 were performed, indicating a great increase in the popularity of the procedure. There are many private physicians in the St. Louis area who are performing vasectomies; Planned Parenthood has a list of these doctors.

"Of course, this is not the right contraceptive for everyone," said Dr. Manley, "But for stable couples who have completed their families, vasectomy or its counterpart in the female, (commonly called tubal ligation) is the most reliable means of birth control known today."



Medical-social worker Diana Reed conducts an intake interview with a married couple interested in a vasectomy. All applicants are carefully screened to make sure vasectomy is the correct solution for them.

doctor's NOTES



■ Dr. Mokhtar Gado, assistant radiologist, has been added to the Barnes Medical staff, the Director's office reports.

■ Dr. Lauren V. Ackerman, Barnes' Surgical Pathologist-in-Chief, in an article written for **Nutrition Today** and the **Journal of Cancer**, says that an increase in the amount of fresh fruits and vegetables in the American diet might be a way to help reduce the high rate of large-bowel cancer in the United States.

Dr. Ackerman's studies and that of other researchers indicates that foods which increase bulk in the diet and decrease intestinal transit time could lower the incidence of such cancer. Large-bowel cancer claims some 47,000 lives yearly in this country.

■ Dr. Wendell G. Scott, Barnes associate radiologist, has been appointed to a two-year term on the National Cancer Advisory Board by President Richard Nixon. The new board, composed of 18 members, replaces the National Advisory Cancer Council.

Dr. Scott, a past president of the American Cancer Society, has also been chosen by the American Academy of Achievement to receive that group's award for outstanding achievement.

■ Dr. Saulo Klahr, Barnes assistant physician, has been appointed director of the division of renal disease by the Washington University School of Medicine. Dr. Klahr succeeds Dr. Neal S. Bricker, associate physician.

Dr. Klahr, 36, came here from Columbia, South America, in 1961 as a postdoctoral trainee with the U. S. Public Health Service. He has worked closely with Dr. Bricker ever since.

■ Dr. Lawrence K. Halpern, Barnes assistant dermatologist, died of a heart attack March 8 at his Clayton home. He was 59. In addition to a private practice and his post at Barnes, Dr. Halpern was chief of the dermatology clinic at Jewish Hospital. He was a past president of the St. Louis Dermatological Society and the author of several papers on skin diseases and the co-author of a dermatology text book.

Dr. Halpern is survived by his wife, a son and a daughter, Dr. Jane Halpern.

Rare Blood Search

More than 12,000 units of whole blood were analyzed recently by the Red Cross's blood center in order to locate nine units of a rare type compatible with that of a Barnes patient suffering from a blood disease.

The samples were screened during a six-week period by the Red Cross's laboratory after which they were sent to Barnes' own blood laboratory for cross-matching with a sample of the patient's blood.

Part of the blood was used immediately, while the rest was frozen for later use.

February Gifts to the Barnes Tribute Fund

The following is a list of honorees (names in boldface) and contributors to the Barnes Hospital Tribute Fund during the month of February, 1972.

In Memory of

Mrs. Feilich

Mr. and Mrs. Daniel F. Levey

Dorothy Hengstenberg

Richard Hengstenberg

Mr. Paul B. Fischer

Dr. Wm. Kearney Hall

Mr. Jerome Jennings

Mr. and Mrs. John M. Friedman

Mr. and Mrs. Donald Leonard

Mrs. Wooster Lambert

Mrs. John H. Overall

Mr. and Mrs. Saml C. Davis

Mrs. Rose Massie

Mr. and Mrs. Nestor Gonzalez-Rubio

Mr. John Brodhead

Mr. and Mrs. E. P. Currier Jr.

Mrs. John J. Smith

Mr. and Mrs. Wm. G. Moore Jr.

Mrs. Elizabeth Hamm

Mrs. Marian B. Volmer

Miss Helen E. Boyles

Mr. Wagman (Husband, Father, Grandfather)
Mr. and Mrs. James M. Irving

Roy E. Lynn

Herman and Ralph Brandenburger

Dr. Hester Wilson

Mrs. Carl Bressem

Mrs. Nellie Burnes

School of Nursing Employees—Faculty,
Secretarial and Library Staff

Mr. Clarence Zerban

School of Nursing Employees—Faculty,
Secretarial and Library Staff

Mrs. Joyce Sloan

Albert C. and Ardelle J. Putman

Kent Meridith

Barnes Purchasing Dept. Employees

Mrs. Carole Lane

Mrs. Herman Weiss

Mrs. John J. Novak

Jay and Barbara Daniel

In Honor of

Birth of Baby Peter Alan Siegel

Mr. and Mrs. Stanley D. Victor

Barnes Volunteers

A Patient at Barnes

90 Volunteer For First '72 Blood Drive



LPN Sarah Bray was the first Barnes employee on hand to donate blood during 1972's first Red Cross bloodmobile visit. Ninety hospital employees volunteered to give blood on the February 24 visit.

Nearly 70 units of blood were collected during Barnes' first Red Cross blood drive of 1972, held on February 24 in the nurse's residence.

Ninety employees were on hand to give blood, but 19 were deferred until a future date for medical reasons. Red Cross officials had hoped to fill a quota of 125 donors. If 25 per cent or more of the hospital's employees give blood, then donors and non-donors alike will be covered under the Red Cross's group blood program.

Employees who wish to give blood but who were unable to attend the February bloodmobile visit here may do so by contacting the Red Cross at 4901 Washington Blvd. Employees should request that their blood be credited to the Barnes participating group plan.

The bloodmobile's next visit to Barnes will occur on Wednesday, May 31. Additional information about the visit will be available from supervisors.



BARNES HOSPITAL
Barnes Hospital Plaza
St. Louis, Mo. 63110

BARNES BULLETIN is published monthly for and about personnel and friends at Barnes Hospital and units operated by Barnes, which include Barnard Hospital and the following operated for Washington University School of Medicine: Maternity, McMillan, Renard and Wohl Hospitals and Wohl Clinics. Edited by Public Relations Office, Barnes Hospital, Barnes Hospital Plaza, St. Louis, Mo. 63110. Telephone FO. 7-6400, Ext. 3515.